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AKERMANN SENTERFITT
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Sarah E. Smith

(Depositor's Name)

S/24/06

(Signature)

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
10/689,139	10/20/2003	Uwe Winkler	304-815	2784

TITLE OF INVENTION: SENSOR ELEMENT DEVICE FOR A CAPACITIVE CONTACT SWITCH WITH AN ELECTRICALLY CONDUCTIVE BODY AND METHOD FOR THE MANUFACTURE OF SUCH A BODY

APPLN TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700.00 DA	07/13/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
NOORI, MAX H		2855	073-862626		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1 Akerman Senterfitt

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed to recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

E.G.O. Elektro-Geraetebau GmbH

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Germany

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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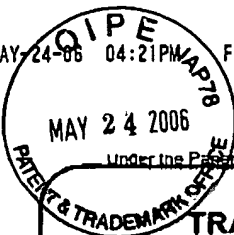
Sarah E. Smith

Registration No.

50,488

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, Virginia 22313-1450.

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/689,139
		Filing Date	10/20/2003
		First Named Inventor	WINKLER
		Art Unit	2855
		Examiner Name	NOORI, MAX H.
Total Number of Pages in This Submission	2	Attorney Docket Number	304-815

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below). PTOL-85B
Remarks Please charge \$1,715.00, plus any deficiencies, to Deposit Account No. 50-0951.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Sarah E. Smith, Registration No. 50,488 Akerman Senterfitt
Signature	<i>[Signature]</i>
Date	5/24/06

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Sarah E. Smith
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Date	5/24/06

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